2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2004 8:00 am **DOCUMENT # P02000027397 Secretary of State** 03-09-2004 90051 029 ***150.00 EMERTECH INTERNATIONAL CORPORATION Mailing Address Principal Place of Business 2145 WEST 73RD STREET 2145 WEST 73RD STREET 34026822 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 2169 W 73 d 3. Mailing Address 73d st. 2169 W Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 04-3621974 HIALEAH HIMLEAH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 12 U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent >M42 DREYFUSS, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2145 W 73RD ST HIALEAH FL 33016 2163 W 73250. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 7MAE TITLE ☐ Delete SAME GONZALEZ, CESAR NAME NAME 169 W 73d SX 2145 WEST 73RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-7IP VTD ☐ Addition ☐ Delete TITLE 2169 W 73rd St DREYFUSS, ERIC R NAME NAME STREET ADDRESS STREET ADDRESS 2145 WEST 73RD STREET HIALEAH FL 33016 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED